

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40693

| | | | | | | | |
|--|----------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>5053</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5023 Troost</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5023 Troost</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>William</u> | | b. (Middle) <u>F.</u> | | c. (Last) <u>Farrer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 1950</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>May 28, 1883</u> | | 9. AGE (In years last birthday) <u>67</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington R.R.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Farrer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bertie Bruner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alice Farrer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alice Farrer 5023 Troost</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>approx 3 hrs</u> <u>unknown</u> <u>42⁰⁰</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 11, 1950</u> , to <u>Nov 28, 1950</u> , that I last saw the deceased alive on <u>Nov 27, 1950</u> , and that death occurred at <u>6-8 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. H. Goodson Jr.</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>720 Professional Bldg</u> <u>Kansas City 6, Mo</u> | | 23c. DATE SIGNED <u>11/29/50</u> | |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>burial</u> | | 24b. DATE <u>Nov. 30, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>11-30-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith A. Miller</u> | | ADDRESS <u>E. C. Kane</u> | |

(Licensed Embalmer's Statement on Reverse Side)

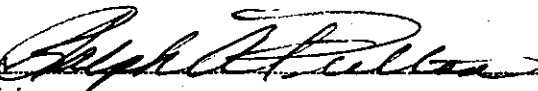
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3503

P. O. Address Yam City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.